

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

03681

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
 City or town Lower Marlboro
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County CalvertCity or town Lower Marlboro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Christianna Bowen

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec. 6 - 1862 6.(c) If alive, give age _____ years8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Plum Point Calvert co md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Alvanah Fowler13. Birthplace Ohio14. Maiden name Ann M. Fowler15. Birthplace Calvert co16. Informant Oliver H. WellsAddress Lower Marlboro Calvert co md.17. Burial Date thereof April 13-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Mutual Water's Memorial18. Funeral director Wm H. HutchinsAddress Drivings md.19. April 13 19 48 Elsie M. Cox
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 48 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 19 48 to April 11 19 48and that I last saw him alive on April 9 19 48Immediate cause of death Cerebral hemorrhage DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George J. St M. D. or other _____Address Lower Marlboro Date signed 4/14/48

RECEIVED

APR 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03682

Reg. Dist. No. 54

1. PLACE OF DEATH:

County Calvert
 City or town Broom's Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Calvert
 City or town Broom's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Mary R. Buck
 4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

3. (b) Social Security Number

220-22-9866

6.(b) Name of husband or wife Odie C. Buck

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1886
 6.(c) If alive, give age 60 years

8. AGE: Years 62 Months 3 Days 0 If less than one day
 hrs. min.

8. Birthplace Broom's Island, Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John J. Pitcher13. Birthplace md14. Maiden name Ellen Edmonds15. Birthplace md16. Informant Odie C. BuckAddress Broom's Island, Md17. Burial Date thereof Apr. 25, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broom's IslandLocation Broom's Island, Md18. Funeral director A. A. Harkness & SonAddress Mutual, Md19. 4/24/48 19 W. W. Ware

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 48 at 7:35 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 48 to April 22 19 48and that I last saw him alive on April 22 19 48Immediate cause of death Carcinomatous

DURATION

Due to Cc of Stomach

Due to

Other conditions Emaciation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Dr. J. L. Carroll M. D. or otherAddress St. Remond Date signed 4/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

03683

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

3. (a) FULL NAME

James E. Conner

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Ella Conner

7. Birth date of deceased (mo., day, yr.)

April 17, 18606. (c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

871126

hrs.

min.

9. Birthplace

Calvert County, Md.
(Town, county, and state)

10. Usual occupation

Fanner

11. Industry or business

12. Name James Conner13. Birthplace Md

14. Maiden name

15. Birthplace

16. Informant

Harry Conner

Address

Adelphia, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Apr. 15, 1948
(month) (day) (year)

Cemetery or crematory

Asbury

Location

Baistown, Md

18. Funeral director

O. A. Harkness & Son

Address

Mutual, Md.19. 4-15-48

(Date rec'd by registrar)

N. W. Evans

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Adelphia
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

No

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 13, 1948, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1947 to April 13, 1948and that I last saw him alive on April 12, 1948

Immediate cause of death

Coronaryhemorrhage

DURATION

8 days

Due to

Hypertensive C.V. Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James E. Conner

M. D. or other

Address Prince FrederickDate signed 4/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48

CERTIFICATE OF DEATH

Reg. Dist. No. 036842

1. PLACE OF DEATH:

County Calvert
 City or town Shuntingtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3-0 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Calvert
 City or town Shuntingtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Susan Cox,

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

William W. Cox

7. Birth date of deceased (mo., day, yr.)

June 18686.(c) If alive, give age 80 years

8. AGE:

Years	Months	Days	It less than one day
<u>79</u>	<u>10</u>	<u>16</u>	hrs. min.

9. Birthplace

Calvert Co.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Benjamin J. Hardesty

12. Name

Benjamin J. Hardesty

13. Birthplace

MD.

14. Maiden name

Rebecca Wood

15. Birthplace

MD.

16. Informant

Florence Stallings

Address

Dwings, MD.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Burial

Date thereof

April 18, 1948

(month) (day) (year)

April 18, 1948

Cemetery or crematory

Mt. Harmony

Location

Calvert Co. MD.

18. Funeral director

Wm. Harry Hutchins

Address

Dwings, MD.

19. April 17 1948

Prince D. Hutchins

(Date rec'd by registrar)

Prince D. Hutchins

Registrar

Prince D. Hutchins

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 48 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Several years 19 15 to April 15 19 48 and that I last saw him alive on April 15 19 48

Immediate cause of death

Cochlexia terminal

DURATION

1 yr.

Due to

Carcinoma of uterus9 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Page C. JETT Dr. H. R. BrashearAddress Prince Frederick Md. Date signed 4-17-48

RECEIVED

APR 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1860

03685

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Island Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert

City or town Island Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

Emma Helen Denton

3. (b) Social Security Number

No

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife Norace W. Denton

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1879

8. AGE: Years 68 Months 4 Days 26 hrs. min.

9. Birthplace Calvert County, Md
(Town, county, and state)

10. Usual occupation Home

11. Industry or business

12. Name William B. Elliott

13. Birthplace Md

14. Maiden name Mary Elizabeth Hooper

15. Birthplace Md

16. Informant Melvin Denton

Address Bromes Island, Md

17. Burial Burial Date thereof Apr. 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Watson Memorial

Location Island Creek, Md

18. Funeral director O. A. Harkness & Son

Address Mutual, Md

19. 48 19 48 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1948 at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 48 to Apr 6 19 48

and that I last saw him alive on 19

Immediate cause of death Cerebral aneurysm DURATION

Due to -

Due to - Secondary aneurysm

Other conditions fracture right hip

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/24/48

Where did injury occur? Island Creek (City or town) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall Injured at work? No

23. SIGNATURE H. W. Ward M. D. or other

Address St Remond Date signed 4/7/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:

County Cal
 City or town N. Beach, P. Fred
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs
 Hospital, institution, or street address where death occurred
Cal. Co Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Cal
 City or town N. Beach
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Aven Earnshaw

3. (b) Social Security Number

4. Sex m 5. Color or race W 6.(a) Single, married, widowed, or divorced
Divorced

B.(b) Name of husband or wife _____

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) — — 1872

8. AGE: Years 76 Months — Days — If less than one day
 hrs. — min. —

9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business _____

12. Name John Earnshaw13. Birthplace Maryland

14. Maiden name _____

15. Birthplace _____

16. Informant _____

Address _____

17. Burial Date thereof Apr. 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Congressional Cem.Location Washington, D.C.18. Funeral director Wm. Lee Lewis CoAddress 300-4th NE - D.C.

19. 4-13 1948 H. W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1948 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 Jan 1947 to 4/13 1948
 and that I last saw him alive on 4/13 1948

Immediate cause of death Cerebral accident

DURATION

Due to Hypertension

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. W. Ward

M. D. or other

Address Berlinton Md Date signed 4/13/48
H. W. Ward

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1948
BUREAU V. S.

RECEIVED
APR 25 1948
BUREAU V. S.

J. Wm. Lee Saus Co. Promised
to get this information and send
it to me. To date I have not heard
from him so you can write to-
him for the necessary information
to complete the death Certificate.

H. W. Clark
H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

173

03687

Reg. Dist. No. 31

1. PLACE OF DEATH: County... <u>Calvert</u> City or town... <u>(Rural) Prince Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>D.C.</u> County... City or town... <u>Washington</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>Bolling Field AF Base</u> (If rural, give LOCATION) 2.(a) If veteran, name war... <u>World War #2</u> ✓			
3.(a) FULL NAME <u>Fiegel, Leland G., Colonel</u>				3.(b) Social Security Number			
4. Sex <u>M</u>		5. Color or race <u>W</u>		6.(a) Single, married, widowed, or divorced <u>married</u>		MEDICAL CERTIFICATION	
6.(b) Name of husband or wife <u>Anna Mae Fiegel</u>				20. DATE OF DEATH <u>April 28, 1948</u> , at <u>5:30 P.M.</u>			
7. Birth date of deceased (mo., day, yr.) <u>March 13, 1914</u>				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19... 10... 19...			
8. AGE: Years <u>34</u> Months <u>1</u> Days <u>15</u>		It less than one day hrs. min.		Immediate cause of death <u>multiple laceration of entire body with compound fracture of all bones. Completed emaciation.</u>			
9. Birthplace <u>Rochester Minnesota</u> (Town, county, and state)				Due to			
10. Usual occupation <u>Official USAF</u>				Due to			
11. Industry or business <u>Pilot</u>				Other conditions			
12. Name <u>?</u>				(Include pregnancy within 3 months of death)			
13. Birthplace				Major findings of operations			
14. Maiden name <u>?</u>				Date of op.			
15. Birthplace				Autopsy results			
16. Informant <u>Official Records</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address <u>Pentagon Bldg, Wash, 25, D.C.</u>				22. VIOLENCE: If death was due to external causes, fill in the following:			
17. removal Date thereof <u>Apr 29-48</u> (Burial, cremation, or removal. Which?) (month) (day) (year)				Accident, suicide, or homicide <u>Accident</u> Date of <u>4-28-48</u>			
Cemetery or crematory <u>Arlington National Cem.</u>				Where did injury occur? <u>Prince Frederick, Calvert, Md.</u> (City or town) (County) (State)			
Location <u>Arlington Va.</u>				Injured at home, farm, industry, public place (where?) <u>Field</u>			
18. Funeral director <u>Chambers</u>				Means of injury <u>Airplane crash</u> injured at work? <u>yes</u>			
Address <u>Wash, D.C.</u>				23. SIGNATURE <u>H. W. Ware</u> M.D. or other			
19. 4-29 1948 (Date rec'd by registrar)				Address <u>Regulatory Medical Examination</u> <u>Washington, Md.</u> Date signed <u>4-28-48</u>			

Registrar

RECEIVED

MAY 5 1948

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03688

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

County CalvertCity or town Owings
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Owings
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Laura Hicks

3. (b) Social Security Number

4. Sex

F

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

X6. (b) Name of husband or wife Benjamin Hicks7. Birth date of deceased (mo., day, yr.) 18966. (c) If alive, give age 57 years8. AGE: Years 51 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace md
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Benson Jacks13. Birthplace md14. Maiden name Laura Jacks15. Birthplace md16. Informant Calvert HicksAddress Owings, md17. Burial Date thereof 4-6-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns Lower marketLocation Calvert18. Funeral director P. E. SawellAddress Prince Frederick, Md.19. 4-6 19 48 H. W. Edward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4-1948 at 5:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1942 to Apr 4 1948 and that I last saw her alive on Jan 1948Immediate cause of death Cerebral hemorrhage DURATION 5 min

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. W. Edward M. D. or otherAddress Prince Frederick, Md. Date signed 4/5/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1948

BUREAU V. S.

NO. G 11 MAY 18 1948--Evidence for addition of cemetery.

Evidence for change of
18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03689

NO. G 115 MAY 11 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County... Calvert
City or town... Prince Frederick (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... D.C. County...
City or town... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. Bolling Air Force Base
(If rural, give LOCATION)
2(a) If veteran, name war... World War II ✓

3. (a) FULL NAME

Miller, Malcolm J.

T/Sgt.

3. (b) Social Security Number

AF-140 31338

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife... Dorothy M. Miller

7. Birth date of deceased (mo., day, yr.) October 2, 1919

8. AGE: Years 28 Months 6 Days hrs. min.

9. Birthplace... Melrose, Mass.
(Town, county, and state)

10. Usual occupation... Airman

11. Industry or business... U. S. Army

12. Name... Col. Clifford J. Miller

13. Birthplace... Vermont

14. Maiden name... ?

15. Birthplace... ?

16. Informant... Military Records

Address... Bolling AFB Base, Wash. D.C.

17. removal Date thereof... 4-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Riverview Cemetery

Location... Wilmington, Del.

18. Funeral director... McCreary Funeral Home

Address... Wash., D.C. Wilmington

19. Apr 28 1948 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 28 1948, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h... alive on

Immediate cause of death... Multiple laceration of entire body with compound fracture of all bones. Complete emaciation.

Due to... ?

Due to... ?

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

An autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of... 4-28-48

Where did injury occur? Prince Frederick, Calvert Md.
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) Field

Means of injury plane crash Injured at work? yes

23. SIGNATURE... H. W. Ward

Address... Deerwings, Md.

Date signed...

MARGIN RESERVED FOR BINDING

I

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03690

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Benjamin Masely

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mary E. Masely7. Birth date of deceased (mo., day, yr.) July 25, 1886 6.(c) If alive, give age 58 years8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace MD
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Alexander Masely13. Birthplace MD14. Maiden name Emma Giles15. Birthplace MD16. Informant Mary E. MaselyAddress Lusby, MD17. Burial Date thereof 8/27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. John'sLocation Lusby, MD18. Funeral director P.C. SewellAddress Prince Frederick, MD19. 4-26 19 48 Howard
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 48 at 5:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Doc 19 48 to April 25 19 48

and that I last saw him alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Acute heart failure

Due to _____

Aneurysm of aorta

Due to _____

Other conditions Twenty-six inter septs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

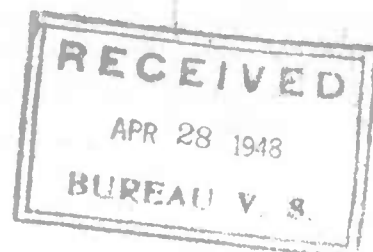
23. SIGNATURE Dr. Penard M. D. or other _____Address St. Penard Date signed 8/26

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03691

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
15 years
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State 2nd County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME

J. Harvey Ruark

3. (b) Social Security Number

219-18-0431

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Lillian Ruark

7. Birth date of deceased (mo., day, yr.) July 7, 1889 6.(c) If alive, give age 56 years

8. AGE: Years 58 Months 9 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

12. Name John E. Ruark
13. Birthplace Baltimore, Md

14. Maiden name Marion D. Lawton
15. Birthplace Baltimore, Md

16. Informant Lillian Ruark
Address Solomons, Md

17. Burial Date thereof Apr. 14, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Christ Church
Port Republic, Md

18. Funeral director A. O. Harkness & Son
Address Mt Airy, Md

19. Apr. 12 1948 A. E. J. Coster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 - 48, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____ DURATION _____

accidental drowning

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results ☒ _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 4/12/48
Accident, suicide, or homicide accident Date of _____

Where did injury occur? Solomons, Calvert, Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury _____ Injured at work? _____

23. SIGNATURE E. S. Coster - car. med.
M. D. or other _____

Address Solomons-Md Date signed 4/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FILM No. G 115 MAY 18 1948 --evidence for addition of cemetery.

Evidence for change of # 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

shown on:

FILM No. G 11, MAY 11 1948 CERTIFICATE OF DEATH

173

03692

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town (Rural) Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boeing A.F. Base
(If rural, give LOCATION)
2.(a) If veteran, name war World War #2 ✓

3. (a) FULL NAME

Stiller, Ottist D. (Sgt.)

3. (b) Social Security Number

4. Sex m 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mrs. Hazel V. Stiller

7. Birth date of deceased (mo., day, yr.) March 6, 1918 6. (c) If alive, give age years

8. AGE: Years 30 Months 1 Days 22 If less than one day hrs. min.

9. Birthplace Salisbury, N.C.
(Town, county, and state)

10. Usual occupation Arman

11. Industry or business U. S. Army

12. Name ?

13. Birthplace

14. Maiden name Mrs. Nellie Stiller

15. Birthplace Salisbury, N.C.

16. Informant Military Records

Address Boeing A.F. Base

17. removal Date thereof 4-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory National Cemetery

Location Salisbury, North Carolina

18. Funeral director Chambers, George C. Puler

Address Wash. D.C. Salisbury, D.C.

19. 4-28 19. 48 H. W. Evans
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19.

and that I last saw him alive on 19.

Immediate cause of death multiple laceration DURATION
entire body with compound
fracture of all bones,
Due to complete incineration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4-28-48

Where did injury occur? Prince Frederick, Calvert, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Field

Means of injury plane crash Injured at work? yes

23. SIGNATURE H. W. Evans

Deputy State Medical Examiner, D. or other
Address Calverton, Md. Date signed

